



MIDLINE CHIROPRACTIC

Terms of Acceptance / Philosophical Agreement

When a person seeks chiropractic health care and we accept to provide such care it is essential that we both have a clear understanding of our objectives, goals and responsibilities in this special relationship.

The following concepts are central to the way chiropractic is practiced in this office. I share these ideas so that we can be in alignment of purpose from the very beginning.

- o There is an inherent intelligence within each of us that runs and governs all our physiological functions. It is the inherent force that grew us from tiny embryos, rejuvenates, repairs, heals, and defines life itself.
- o The Nerve System is the main system of the body which coordinates and distributes the information of this innate intelligence.
- o Alterations or distortion in the shape, position, tone or tension of the Nerve System (especially at the spine) will interfere with the expression of this intelligence.
- o Chiropractors call this interference to the proper functioning of the Nerve System a Vertebral Subluxation. Subluxation causes alteration in nerve function and distorts the communication between the brain and the body. The result is a lessening of the body's innate ability to express its maximum health potential.
- o Health is a state of optimal physical, mental, and social well-being, not merely the absence of disease, symptoms or infirmity.
- o An adjustment is the specific and honoring application of forces to facilitate the body's release and integration of subluxation.
- o The sole purpose of the chiropractic adjustment in this office is to assist your body to release subluxation patterns to allow for a clearer and fuller communication within the channels of the body. Everyone regardless of their symptoms or ailments, will benefit from a Nerve System which is more flexible, elastic, and free of Vertebral Subluxation.
- o We do not offer diagnosis or treatment for specific diseases. Our only practice objective is to eliminate major interferences to the expression of the body's innate wisdom and to support your body to hold and integrate adjustments. If you desire diagnosis, or treatment for specific diseases, we encourage you to seek the counsel of a medical disease care specialist.

I _____, have read the above statements and understand the doctor's objectives pertaining to my care in this office. I accept chiropractic care on this basis.

Patient Signature _____ Date _____

Consent to evaluate and adjust a minor/child:

I _____, being the parent or legal guardian of _____ have read and fully understand the above terms and acceptance and hereby grant permission for my child to receive chiropractic care in this office.

Signature _____ Date _____